

Quarter Ending (Check one)
9/30 ___ 12/31 ___ 3/31 ___ 6/30 ___

ALP # _____

Adult Learning Plan

Name: _____ Date: _____

Reason for Participation: _____

Assessment Methods: _____

Strength/Interest: _____

Goal Areas (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Improve Basic Skills
<input type="checkbox"/> Reading
<input type="checkbox"/> Math
<input type="checkbox"/> Language | <input type="checkbox"/> U.S. Citizenship Skills
<input type="checkbox"/> Gain Unsubsidized Employment
<input type="checkbox"/> Retain Employment or Advance in Job
<input type="checkbox"/> Removal from Public Assistance
<input type="checkbox"/> Work-based Project Goal
<input type="checkbox"/> Increased Involvement in Community Activities | <input type="checkbox"/> Increased Involvement in Children's Education
<input type="checkbox"/> Help more frequently with school
<input type="checkbox"/> Increased contact with children's teachers
<input type="checkbox"/> More involvement in children's activities
<input type="checkbox"/> Increased Involvement in Children's Literacy Activities
<input type="checkbox"/> Reading to children
<input type="checkbox"/> Visiting library
<input type="checkbox"/> Purchasing books or magazines |
| <input type="checkbox"/> High School Course/Diploma
<input type="checkbox"/> GED Preparation
<input type="checkbox"/> Preparation for Post Secondary Education or Training
<input type="checkbox"/> ESL Conversation, Survival
<input type="checkbox"/> ESL Reading, Writing | | <input type="checkbox"/> Other |

Additional Factors Affecting Learner's Progress: _____

LEARNER AGREEMENT

I have agreed that the above goal areas are those I choose to work on at this time. I understand that for the successful completion of these goal areas I will need to attend class or work with my tutor _____ hours per week, complete my assignments, ask for help when I need it, and make a genuine effort to learn. If changes need to be made in my learning plan, my instructor and I will make a new agreement.

Learner Signature: _____ Date: _____

INSTRUCTOR AGREEMENT

As the class instructor, I will do everything possible to help this learner achieve the above goals by providing appropriate instruction and by reviewing the learner's progress at regular intervals. I understand that if changes need to be made in the learning plan, the learner and I will make a new agreement.

Instructor Signature: _____ Date: _____

Follow-up: Additional Factors Affecting Learner's Progress:

Date: _____

Date: _____

Name: _____

Document Progress toward each goal

Circle: R (Reached goal), P (Progress made), N (No progress), M (Modified goal)

Enter date progress is being reviewed

Goal Area:

Date Set: _____

Date reached: _____

Date modified: _____

Short Term Goals:

Circle One

Date Reviewed

- | | | |
|--------------------------|---------|-------|
| 1. _____ | R P N M | _____ |
| Materials/Methods: _____ | R P N M | _____ |
| 2. _____ | R P N M | _____ |
| Materials/Methods: _____ | R P N M | _____ |
| 3. _____ | R P N M | _____ |
| Materials/Methods: _____ | R P N M | _____ |
| 4. _____ | R P N M | _____ |
| Materials/Methods: _____ | R P N M | _____ |

Comments/Documentation: _____

Goal Area:

Date Set: _____

Date reached: _____

Date modified: _____

Short Term Goals:

Circle One

Date Reviewed

- | | | |
|--------------------------|---------|-------|
| 1. _____ | R P N M | _____ |
| Materials/Methods: _____ | R P N M | _____ |
| 2. _____ | R P N M | _____ |
| Materials/Methods: _____ | R P N M | _____ |
| 3. _____ | R P N M | _____ |
| Materials/Methods: _____ | R P N M | _____ |
| 4. _____ | R P N M | _____ |
| Materials/Methods: _____ | R P N M | _____ |

Comments/Documentation: _____
